

FEC FORM 3L**REPORT OF CONTRIBUTIONS BUNDLED BY LOBBYISTS/REGISTRANTS
AND LOBBYIST/REGISTRANT PACs**

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS
12 JAN 31 PM 5:02

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. **12FE4M5**
DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE

ADDRESS (number and street) **120 Maryland Ave. NE**

☐ Check if different than previously reported. (ACC) **Washington** **DC** **20002**
CITY STATE ZIP CODE

2. FEC IDENTIFICATION NUMBER **C** **C00042366**
3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)
4. STATE DISTRICT
For Candidates Only

5. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
☐ April 15 Quarterly Report (Q1)
☐ July 15 Quarterly Report (Q2) and/or Semi-annual Report
☐ October 15 Quarterly Report (Q3)
☐ January 31 Year-End Report (YE) and/or Semi-annual Report
☐ July 31 Mid-Year Report (Non-election Year - PAC/Party) (MY) and/or Semi-annual Report
(b) Monthly Report Due On: ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only)
☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only)
☐ Apr 20 (M4) ☐ Jul 20 (M7) and/or Semi-annual Report ☒ Oct 20 (M10) ☒ Jan 31 (YE) and/or Semi-annual Report
(c) 12-Day PRE-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
☐ Special (12S) ☐ Convention (12C)
Election on ☐ / ☐ / ☐ in the State of ☐
This report also covers the semi-annual period
☐ See Line 6(b)
(d) 30-Day POST-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)
Election on ☐ / ☐ / ☐ in the State of ☐
This report also covers the semi-annual period
☐ See Line 6(b)

6. Covered Period(s) (a) Quarterly/Monthly/Pre-/Post-Election Covered Period (b) Semi-annual Covered Period
This report covers ☐ 12 / ☐ 01 / ☐ 2011 through ☐ 12 / ☐ 31 / ☐ 2011 and/or ☐ January 1 - June 30
☒ July 1 - December 31

7. Total Reportable Bundled Contributions by Lobbyists/Registrants or Lobbyist/Registrant PACs (a) Quarterly/Monthly/Pre-/Post-Election Covered Period (b) Semi-annual Covered Period
☐ 0.00 ☐ 105900.00

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer **Deanna Nesburg**
Signature of Treasurer *Deanna Nesburg* Date ☐ 01 / ☐ 31 / ☐ 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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02/2009

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